

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report			<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	
Full Name of Payee Headway Workforce Solutions Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 01 / 2022	
Mailing Address 3100 Smoketree Ct. Suite 900			Amount 250.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : SE.43255 Date of Disbursement or Obligation MM / DD / YYYY	
Purpose of Expenditure Mileage (Estimate)		Category/ Type 004		
Name of Federal Candidate LAXALT, ADAM, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought		14375.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Headway Workforce Solutions Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 01 / 2022	
Mailing Address 3100 Smoketree Ct. Suite 900			Amount 250.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : SE.43256 Date of Disbursement or Obligation MM / DD / YYYY	
Purpose of Expenditure Mileage (Estimate)		Category/ Type 004		
Name of Federal Candidate CORTEZ MASTO, CATHERINE, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought		14625.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			500.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Gross, Jennifer, , ,</i>		[Electronically Filed]	Date MM / DD / YYYY 10 / 10 / 2022	

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NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee Headway Workforce Solutions Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 01 / 2022
Mailing Address 3100 Smoketree Ct. Suite 900		Amount 2500.00
City Raleigh	State NC	Zip Code 27604
Purpose of Expenditure Canvassing (Estimate)	Category/ Type 004	Transaction ID : SE.43257 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate LAXALT, ADAM, , ,		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 17125.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Headway Workforce Solutions Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 01 / 2022
Mailing Address 3100 Smoketree Ct. Suite 900		Amount 2500.00
City Raleigh	State NC	Zip Code 27604
Purpose of Expenditure Canvassing (Estimate)	Category/ Type 004	Transaction ID : SE.43258 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate CORTEZ MASTO, CATHERINE, , ,		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 19625.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	5000.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	5500.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 10 / 2022

Signature